



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL
BOX 788250
MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 5000.1
Code 0100
22 November 1996

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 5000.1

From: Commanding Officer

Subj: STAFF COMPETENCIES MANAGEMENT

Ref: (a) BUMED 6010.13
(b) JCAHO Accreditation Manual for Hospitals, current edition
(c) NAVHOSP29PALMSINST 1500.8B

Encl: (1) General Competence Assessment Checklist
(2) Position Description Generic Format
(3) Sample Competency Evaluation Tools-Age Specific Criteria, General Requirements Assessment Tool/Orientation Tool
(4) Competency File Summary Sheet

1. Purpose. To provide direction and guidance for staff members concerning individual competencies to carry out the Command mission. Competence is defined as "the ability to perform a skill/task correctly, safely, and effectively; demonstrate required knowledge."

2. Background. References (a) through (c) promote creating and sustaining an environment that fosters self-development and continued learning to support the Command mission. As part of the environment created to manage human resources, an ongoing mechanism is required to measure, assess, evaluate, and document individual competence.

3. Policy. This instruction applies to all personnel at Naval Hospital Twentynine Palms. Reference (a) requires all Military Treatment Facilities (MTFs) comply with the management of human resources as defined by reference(b). The competence of all staff members will be assessed when reporting and monitored in conjunction with mid-cycle counseling throughout their tour at the Command. Ongoing competence can be monitored through

- Performance Improvement activities.
- Supervisors/Managers observations and anecdotal notes.
- Safety and Emergency Preparedness Committees.
- Participation in formal and informal activities/training to improve competence.
- Minutes from committee and departmental activities.
- Activities based on organizational findings, new methods, technology or equipment, new responsibilities and stated needs.

4. Action

a. All Directors and Department Heads will ensure that the contents of this instruction are implemented.

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b. A competency-based training record will be established and maintained at the Department/Division level for each staff member. They need to be in a locked/secure area.

c. Required elements of each competency record will include, but not be limited to, the following elements (see enclosure 4):

(1) Job Specific Position Descriptions/signed by the individual filling the job.

(2) Job required Skills Competency list

(3) Performance Appraisal Review (PARS)/Critical Elements for civilians (blank/uncompleted copy)

(4) Completed Department/Division Orientation documentation.

(5) SPMS Training Record (semi-annually updated) and other documentation (copy of certificates/diplomas/continuing education taken outside the command) if appropriate/related to maintaining/improving competency in the assigned job. Reference (c) provides information for required training needs of the staff.

(6) Fitness report/evaluation/appraisal tool (blank/uncompleted copy)

(7) Operational Platform/Readiness Status (annually updated-military only)

(8) Signed Privacy Act Statement

d. All elements of the training record will address age specific competencies as appropriate for the beneficiaries served. Enclosure (3) can be used or similar documentation, based on the needs of the department/directorate.

e. For privileged providers (physicians, nurse practitioners, nurse anesthetists, physician assistants, etc.), the following applies:

(1) The list of core privileges will serve as position description and job scope. Using enclosure (2) or similar format place under the "Qualifications" section list the title of the "Core Privileges" held by the individual. Under the section for "Key Points" indicate "see ICF" (Individual Credentials File).

(2) Additional duties, such as Department Head, and Watchbill Coordinator, should be addressed separately in enclosure (2) under the section.

(3) The Performance Appraisal Report (PAR) will be the job-specific competency evaluation tool. This report is tracked by the Performance Improvement Department and maintained in the ICF.

f. Enclosure (1) is a competence assessment tool which will be used by the manager (Directors, Department Heads, Division Officers, Leading Chief Petty Officers, civilian supervisors, etc.) to ensure that competency records comply with requirements of reference (b).

g. Enclosures (2) through (4) are examples of competency-based elements required for each staff member's training record. These can be used as a guide for documenting staff competency.

h. All Directors will ensure that competency-based training records are maintained for the duration of the staff member's assignment at this Command.

i. Statistics on the number of staff assigned and percentage of staff completing Command Orientation/annual required training/Basic Life Support will be reported in the Quarterly Staff Education and Training Performance Improvement Report. Job specific Orientation/Inservice Programs and other competency based training obtained at the departmental level will be reported in the departmental minutes. Enclosure (1) can be used report data from the departmental levels.

j. All staff members are responsible for compliance with this instruction.

5. Information. All enclosures of this instruction may be obtained from either Education and Training or Central Files Departments.



R. S. KAYLER

Distribution:
List A

MANAGERS COMPETENCE ASSESSMENT PROCESS REVIEW								Ongoing/ Updates				
Name or Category of Staff *	Job Description	Verification of Current License *	Orientation		Continuing Ed/ Inservice **	Performance Evaluation Including any Skills/ Competency list(s)***	Age Specific Competency	Safety Management	Hazardous Materials / wastes	Medical Equipment	Life Safety	Principles of Information Management ****
			Command	Department								

* additional names may be added later
*or registration, certification when applicable.

**Separate Skills: Competency lists are not required but if used in your Department it should be provided

***If education/training records are stored separately, for example, on printouts, provide these records at the review. Surveyor can look at terminal screens if information is in a database

****Applies only to decision makers and others who generate, collect and interpret data information.

Job Description Information (not limited to, but should include the following elements:)

1. Title of Job and Department
2. Description of position and relationships (reports directly to, has # of personnel supervises etc.)
3. Qualifications for position (education, training, licensure and experience)
4. Duties/responsibilities (these can be statements of identified job competencies) Key points

5. Job Competencies

*General job competencies are already identified on the evaluation and fitrep which can be used as a competency assessment tool in addition to other identified job competencies specific to the position; All staff will maintain competency in the environment of care to provide a functional and safe environment for patients and staff.

Maintained through these 7 functions: (Enclosure (3) provides a sample that can be used or adapted for use in each department)

Safety

Security

Hazardous material and wastes

Emergency preparedness

Life Safety

Medical Equipment

Utility Systems

Legend for the Competency Assessment Checklist

"Competence" is the ability to perform a skill/task correctly, safely, and effectively: or demonstrate required knowledge. Each specific item of competence is a "performance element".

- 1.) Indicate whether the performance element applies to the individual (**Required by Position**)
- 2.) The individual must assess their own level of competence (**Self Assess Key**).

KEY: **1. LITTLE OR NO EXPERIENCE**
 2. EXPERIENCE / KNOWLEDGE, BUT NEEDS REVIEW.
 3. CAN PERFORM INDEPENDENTLY.

- 3.) Once the individual has completed a self assessment the department head/supervisor will plan an orientation tailored to the individual's needs.
- 4.) The individual's level of competence must be evaluated. The Method of Assessment is identified in the appropriate column. The various means of assessing an individuals competence are:

KEY:

C = Course/Class or inservice completion.
D = Demonstration of the knowledge/skill to the instructor/evaluator.
Q = Specific questions asked by the evaluator.
R = Return demonstration of the knowledge/skill by the orientee.
T = Test.
W = Observation of work performed by the individual.

- 5.) The evaluator should provide a Competency Assessment for the listed performance element. Indicate that competency was demonstrated for each performance element and provide signature VALIDATION (Date and Initial) that the assessment was completed and that competence was demonstrated.
- 6.) Initial assessment of all performance elements should be completed within the time frame of the unit/department specific orientation program.
- 7.) The periodic assessment of ONLY "Critical Elements" should be completed on a scheduled frequency (i.e., quarterly, biannually, annually) as deemed necessary by the unit. This is identified in the column indication Requires Periodic Review.

New Staff Member:	
Staff Member responsible for orienting to department:	
Orientation Start Date:	
Department/Division/Unit assigned:	

Orientation Competency Statements

Standards of Professional Performance

Prior to initiating orientation, the orientee should first review the Competency Based Orientation (CBO) package and enter a self assessment (SA) code using the key shown. The Department Head or designated representative of the Department Head should then review, evaluate and plan the orientation with the orientee.

KEY:

1. LITTLE OR NO EXPERIENCE
2. EXPERIENCE / KNOWLEDGE, BUT NEEDS REVIEW
3. CAN PERFORM INDEPENDENTLY

At the completion of orientation, the staff member:

1. Demonstrates the Basic Competencies to Perform His/Her Job as outlined in the job description

Performance Criteria	References	Required by position	Requires Annual Review	Self Assess Key	Method of Assessment by evaluator	Competency Assessment & Annual review. Validation by:		
					Date/Type	Date/Initial	Date/Initial	Date/Initial
Complies with Hospital, Regulatory Agencies, and Accrediting Bodies Safety Statutes and Practice Standards. **Safety competencies requirements are required for all staff**								
Maintain competency in the environment of care to provide a safe and functional environment for patients and staff.	JCAHO Manual	—						

General Safety: Complete departmental safety orientation prior to assuming duties.	JCAHO Manual	—						
Knows how to report hazardous condition or unsafe act to prevent injury to staff, patient, visitor or property.	Hospital Safety Instr.	—						
Knows location of departmental safety plan and how to use references.		—						
Knows command smoking guidelines for staff, visitors and patients.	Naval Hosp. Instr.	—						
Fire Safety: Completes departmental and command training in fire safety. (Including formal annual training)		—						
Distinguishes between types of fire extinguishers in work area.		—						
Identifies location of fire extinguishers in work area		—						
Correctly identifies location of fire alarm system in work area		—						

Knows how to activate alarm system.		—						
Knows essential steps in fire management. (RACE PASS)		—						
Knows information required when alerting fire department		—						
Knows key concepts in event of evacuation.		—						
Identification of a Fire door		—						
Knows individual role (as a team member) in the event of a fire/disaster.		—						
		—						
Physical Security: Knows personnel identification policies and procedures for staff, patients and visitors.	Departmental Orientation	—						
Knows policies for control of access to any sensitive or restricted areas		—						
Knows emergency and incident								

reporting procedures.		—						
Hazardous Materials and Waste: Knows location of Material Data Safety sheets (MSDS) in work area.		—						
Knows proper storage location and labeling requirements.	MSDS	—						
Knows actions in reporting hazardous material spill/release. (See hazardous material spill contingency plan)	MSDS	—						
Documentation of training on EACH chemical used in work area.		—						
Knows process of how to dispose of hazardous material /waste.	MSDS	—						
Emergency Preparedness: Knows role in the	(refer to hospital instruction-Disaster	—						

event of a disaster-earthquake, medical/trauma, damaging weather etc.	Preparedness)							
Describes process for "recall" in the facility and individual responsibility.		—						
Is current in Basic Life Support training.		—						
Identifies location and information required if receives telephone "bomb threat".		—						
Military Contingency Requirements: Individual maintains either C2 status or better throughout the year OR take action as needed within 2 days of notification of being in C-3 or status to remedy any deficiencies..		—						
Performance Improvement: Knows the Mission and Vision of the command		—						

and how His/er position effectively contributes to their support.								
Has basic knowledge of the intent of Performance Improvement to enhance work processes.		—						
Information Management: Knows patient records and other information confidentiality and release requirements.	(Privacy Act of 1974 and its implementing instructions)	—						
Knows proper use of required computer or database systems.		—						
Knows proper procedures for reporting fires, flooding and patient emergencies.		—						
Complies with the Command Equal Opportunity Program and Prevention of Sexual		—						

Harrassment.								
Attends yearly update training; Navy Rights and Responsibilities/POSH for Military Prevention of Sexual Harrassment for Civilian Employees.		—						
Equipment Safety and Training: Knows how to verify equipment is working properly and safely		—						
Knows who is responsible for maintaining equipment.		—						
Knows how to have the equipment repaired.		—						
Knows how to acquire the necessary training on the use of the safe operation of the equipment.		—						
Properly uses the equipment as identified in Job Description.		—						
Knows the procedure								

if the equipment has harmed an individual.		—						
Utility Systems: Knows the procedure if any utility is lost or compromised .								

Position Description/Performance Evaluation- Age Specific Criteria

Position: _____

Employee Name: _____

The above staff member must be able to demonstrate the knowledge and skills necessary to provide care, based on physical psycho/social, educational, safety and related criteria, appropriate to the age of the patients served in his/her assigned service area. The skills and knowledge needed to provide such care may be gained through education, training or experience.

Score* 5 Outstanding 4 Excellent 3 Satisfactory Plus 2 Satisfactory 1 Satisfactory Minus	Demonstrates the knowledge, skills and abilities for the following patient populations:				
	Infant/Neonatal	Pediatric	Adolescence	Adult	Geriatric
1. Knowledge of growth and development.					
2. Ability to assess age specific data.					
3. Ability to interpret age specific data.					
4. Ability to provide age specific data.					
5. Possesses communication skills necessary to interpret age specific response to treatment.					
6. Ability to involve family/ significant others in decision making related to plan of care.					

NOTE: The above criteria is designed to assure that the individual performing this job demonstrates competencies appropriate to the age of patients served. These competencies are demonstrated throughout the Job Description/Evaluation Tool and include but are not limited to the Job Descriptions major duties special requirements and CQI factors.

*Must document the basis of competency attainment, ie, observation, written test or demonstration.

Competency File

1 Summary

Privacy Act Statement

2 Position Description

Copy of signed PD

Curriculum Vitae (optional)

*List of core privileges for privileged providers serve as PD

(Additional duties such as Department Head, Watch Bill Coordinator should be identified in this section)

3 Competency Statements

Blank Copy of Officer/ Enlisted Evaluation form

or Blank Copy of PARs/ Critical Elements for Civilian

General Job Competencies relating to environment of care

Any Additional Listing of Competency Statements as pertains to
The individual job description

4 Competency Checklists

5 Training

SPMS data sheet (up date sheets sent from SETD bi-annual)

Certifications

Departmental Inservices

Completed Departmental level orientation (may be filed under competency checklists)

Any other certificates of training related to job

performance or competency

6 Military Contingency Requirements

Name _____

Department _____
Date Reported _____

I. Orientation Requirements			Date
1. Command Indoctrination			
2. Department/Unit Orientation			
3. Department/Unit Safety Orientation Completed			
II. Annual Requirements	Date	Date	Date
1. Position Description Current			
2. Competency Statements Current			
3. Required Training Up - to - Date			
4. Annual Performance Appraisal Performed			
5. Equipment Training Up- to- date			

III. Miscellaneous	Date	Date	Date
1. Mid Term Counselling completed			
2.			
3.			